**SUBJECT ACCESS REQUEST FORM**

The Data Protection Act 2018/GDPR provides you as a data subject with the right to receive a copy of the data/information that the Middlewood Partnership holds about you. You can request copies of information held about you or authorise a third party to request for information held about you.

Please complete the necessary section on this form if you wish to see the information Middlewood holds about you. In order for us to process your request, you will also need to provide proof of your identity.

Your request will be processed within 1 calendar month upon receipt of your application; including receipt of any further information Middlewood may ask you to provide to enable us to respond to your request. This may include proof of identity, confirmation of your consent where requests are made on your behalf by a third party and payment of a fee, if required. A fee may be charged where the request is excessive, complex, manifestly unfounded or repetitive in nature in order to cover administrative costs.

**Section 1: Data Subject/Patient Details**

Please fill in your details (the data subject). If you are not the data subject and you are applying on behalf of someone else, please complete section 2 on behalf of the data subject.

|  |
| --- |
| Title: Mr 🞎 Mrs 🞎 Ms🞎 Miss🞎 Other - |
| Surname/ Family Name: |
| First Name(s)/Forenames: |
| Date of Birth: |
| Address:  Post Code: |
| Telephone Number: |
| Email: |
| NHS Number (if known) |
| I am enclosing the following copies as proof of identity:  Birth Certificate 🞎 Driving Licence 🞎 Passport 🞎 An official letter to my address 🞎 |
| If none of these are available please contact the Middlewood Partnership for advice. |

**Section 2: Contact Details of Third Party (if applicable)**

Please complete this section of the form with your details if you are acting on behalf of someone else (i.e. the data subject).

If you are NOT the data subject, but a third party authorised on their behalf, you will need to provide evidence of your identity as well as that of the data subject and proof of your right to act on their behalf

|  |
| --- |
| Title: Mr 🞎 Mrs 🞎 Ms🞎 Miss🞎 Other - |
| Surname/ Family Name: |
| First Name(s)/Forenames: |
| Address:  Post Code: |
| Telephone Number: |
| Email: |
| I am enclosing the following copies as proof of identity:  Driving Licence 🞎 Passport 🞎 Third Party proof of identity 🞎 – please list type |
| If none of these are available please contact the Middlewood Partnership for advice |
| What is your relationship with the data subject? (e.g. parent, carer, legal representative) |
| I am enclosing the following copy as proof of legal authorisation to act on behalf of the data subject:    Letter of authority from the data subject 🞎 Lasting or Enduring Power of Attorney 🞎  Evidence of parental responsibility 🞎 Other (give details) 🞎 |

**Section 3:** **Request for Personal and Confidential Data (PCD)**

In order to help Middlewood process your request in a timely manner; please complete as much detail as possible.

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| Please provide me with a copy of all records relating to a specific treatment within a certain time:  Treatment:  From: / / to / / |
| Please provide me with a copy of all records relating to a specific incident within a certain time:  Incident:  From: / / to / / |
| Please provide me with a copy of my consultations for a certain time period:  From: / / to / / |
| OTHER – Please provide me with |
| Please provide me with a copy of all records held: |

**Section 4: Data Subject/Third Party (authorised person) Declaration**

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| **Data Subject Declaration:**  I declare that the information provided on this form is correct to the best of my knowledge and I am  the person to whom it relates. I understand that the Middlewood Partnership will take necessary  steps to confirm proof of my identity/authority and it may be necessary to obtain further  information from me in order to respond to this subject access request.  *Complete this sentence if a third party is requesting the access*:  I hereby authorise to act on my behalf  and be granted access to the PCD requested in section 3 of this form. | | |
| **Name:** | | |
| **Signature:** | **Date:** | |
| **OR**  **Authorised person/Third Party – Declaration (if applicable):**  I confirm that I am legally authorised to act on behalf of the data subject.  The Middlewood Partnership will take necessary step to confirm proof of my identity/authority and  It may be necessary to obtain further information in order to comply with this subject access  request | | |
| **Name:** | | |
| **Relationship with Data Subject:** | | |
| **Signature:** | | **Date:** |

Please send your completed form and proof of identity to:

The Middlewood Partnership, Bollington Medical Centre, The Waterhouse, Wellington Rd, Bollington, Macclesfield SK10 5JH.